FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
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Check this box if no longer subject	STATEMENT OF
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed nursuant

CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Miller Derek					2. Issuer Name and Ticker or Trading Symbol <u>AMGEN INC</u> [AMGN]										all app Direc	tor	ng Per	10% Ov	vner
(Last) ONE AN	(Fii MGEN CEN	rst) (MITER DRIVE	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/05/2024												Other (s below)	specify
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
THOUS OAKS	AND CA	ND CA 91320													X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execu	Deemed cution Date, y nth/Day/Year)					s Acquired (A) If (D) (Instr. 3, 4		4 and Sec Be Ow		i. Amount of Securities Seneficially Dwned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 05/05				05/05/2	2024				F		78	D	\$311	1.29 8		8,118(1)(2)		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	rative Conversion Date Execution Date rity or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rities lired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)				9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Amgen Inc. 2009 Equity Incentive Plan: 134 RSUs which will vest on 4/30/2025; 581 RSUs which will vest in installments of 286 on 5/2/2025, and 295 on 5/2/2026; and 1,101 RSUs which will vest in two installments of 363 each on 5/2/2025 and 5/2/2026, and 375 on 5/2/2027. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 92 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. 2009 Equity Incentive Plan and subject to a qualifying dividend reinvestment plan. DEs are credited on the reporting person's unvested RSUs and are paid out in shares of the Company's common stock on a one-to-one basis according to the vesting schedule, along with a cash payment for any remaining fractional share amount

/s/ Derek Miller

05/07/2024

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.